

CALIFORNIA STATE DEPARTMENT OF HEALTH SERVICES
TOXIC SUBSTANCES CONTROL DIVISIONANNUAL FACILITY HAZARDOUS WASTE
REPORT FOR 1986SFUND RECORDS CTR
2378148

This report is for the calendar year ending December 31, 1986.

Read all instructions carefully before making any entries on this form.

The front page of this report form must be completed and returned regardless of facility status.
Please print/type with elite type (12 characters per inch): One character per box.

I. FACILITY EPA I.D. NUMBER

C A T 0 0 0 6 2 5 3 9 2

II. FACILITY NAME

V A R I A N - S O L I D S T A T E M I C R O W A V E D I V I S I O N

III. LOCATION OF FACILITY

3 2 5 L O L C O T T S T R E E T

Street or P.O. Box

S A N T A C L A R A

City or Town

C A 9 5 0 5 4

State Zip Code

S A N T A C L A R A

County

IV. FACILITY MAILING ADDRESS (If different from Section III. above.)

Street or Route Number

V

City or Town

State Zip Code

County

V. FACILITY CONTACT

D E N N I S B A K E R , F A C I L I T I E S M G R .

Name

4 0 8 - 9 8 8 - 1 3 3 1

Area Code

Phone Number

VI. COST ESTIMATES FOR FACILITIES (Whole dollar amounts)

\$ 50,000 \$

A. Cost Estimate for Facility
ClosureB. Cost Estimate for Post Closure
Monitoring and Maintenance

VII. NONREGULATED STATUS (If nonregulated, complete only this page of the form.)

1. ☐ This facility *did not* treat, store, or dispose of regulated quantities of hazardous waste at any time during 1986
2. ☐ This facility is operating with a variance from permit requirements (attach a copy).
3. ☒ This facility has submitted a request for a variance from permit requirements (attach a copy)
4. ☐ This facility has requested that the Part A Application be withdrawn (attach a copy)
5. ☐ This facility has undergone closure (attach certification letter)
6. ☐ Other:

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Dennis Baker

Facilities Mgr.

Print/Type Name

Title

Signature

Date Signed

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